

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street)

9900 Bren Road East

☐Check if different  
than previously  
reported. (ACC)

Minnetonka

MN

55343

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00274431

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☒October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Susan Sherwood

Signature of Treasurer

Electronically Filed by Susan Sherwood

Date

04

04

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XA**  
Transaction ID :

I am amending this report because, after reviewing the warning alerts, I recognized that the Candidate ID and Filing ID were missing from the Citizens for Arlen Specter record. I have included that information in this report.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 121

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	177649.83
(b) Cash on Hand at Beginning of Reporting Period .....	149423.59	
(c) Total Receipts (from Line 19) .....	110814.90	367113.66
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	260238.49	544763.49
7. Total Disbursements (from Line 31) .....	177810.00	462335.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	82428.49	82428.49
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 121

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	95294.90	297558.17
(ii) Unitemized .....	10920.00	49955.49
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	106214.90	347513.66
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	106214.90	347513.66
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	4600.00	4600.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	15000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	110814.90	367113.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	110814.90	367113.66

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	108500.00	336200.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	69310.00	126135.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	177810.00	462335.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	177810.00	462335.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	106214.90	347513.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	106214.90	347513.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Stephen J. Hemsley

Mailing Address 9900 Bren Road East  
MN008-8092City State Zip Code  
Minnetonka MN 55343FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UnitedHealth Group, Inc.Occupation  
President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	1	0

Transaction ID: 31976433

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY J KAZLAUSKAS

Mailing Address 11 CARNIVAL TERRACE

City State Zip Code  
WEST WARWICK RI 02893FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UnitedHealth Group, Inc.Occupation  
Sr Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR1159794624600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CARLA M MUGGIO

Mailing Address 3533 FAIR OAKS LANE

City State Zip Code  
LONGBOAT KEY FL 34228FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UnitedHealth Group, Inc.Occupation  
Network Contract Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR1159798224600

Amount of Each Receipt this Period

115.38

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

5235.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

BRIAN R BELLOWS

Mailing Address 10 SHADOWOOD LANE

City

TRUMBULL

State

CT

Zip Code

06611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Bus Dvlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159803824600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KEITH W NOBLITT

Mailing Address 122 SOUTH OAK POINTE DR

City

SENECA

State

SC

Zip Code

29672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SCE 3 - Natl Accts Indiv Contr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159805524600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JAMES S WATSON III

Mailing Address 6520 SHENANDOAH DR

City

LINCOLN

State

NE

Zip Code

68510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159806024600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

NANCY C ABELMANN

Mailing Address 3120 CHELSEA COURT

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.74

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159809124600

Amount of Each Receipt this Period

80.76

P/R Deduction (\$13.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM P WHITELY

Mailing Address 2657 WOODBRIDGE RD

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159812624600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

WAYNE F COOK

Mailing Address 1200 PEBBLE HILL ROAD

City

DOYLESTOWN

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Health Group

Occupation  
VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159812824600

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1594.56

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DAVID S WICHMANN

Mailing Address 7000 ANTRIM ROAD

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

EVP &amp; Pres UHG Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1159814724600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

PATRICK J ERLANDSON

Mailing Address 2407 LAKE PLACE

City

MINNEAPOLIS

State

MN

Zip Code

55405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Business Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1159815924600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA R SAURO

Mailing Address 8943 HIDDEN MEADOW R

City

WOODBURY

State

MN

Zip Code

55125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthGroup, Inc.

Occupation

Business Segment CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2140.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1159816424600

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

2667.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM A MUNSELL

Mailing Address 2119 WINDSONG CIRCLE

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

EVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159816624600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOHN S PENSHORN

Mailing Address 120 BLACK OAKS LANE

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3099.90

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159816924600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PAUL D KALLMEYER

Mailing Address 468 HERALD DR

City

AMBLER

State

PA

Zip Code

19002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Health Group

Occupation

Deputy General Counsel (Mgr)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159817424600

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2053.80

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**Full Name (Last, First, Middle Initial)  
TIMOTHY F RYAN

Mailing Address 4913 BRUCE AVE

City	State	Zip Code
EDINA	MN	55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth GroupOccupation  
Business Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1159817924600

Amount of Each Receipt this Period

114.00

P/R Deduction (\$19.00 Bi-Weekly)

**B.**Full Name (Last, First, Middle Initial)  
THOMAS J QUIRK

Mailing Address 4307 BEECHWOOD LANE

City	State	Zip Code
DALLAS	TX	75220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth GroupOccupation  
Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1407.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1159819124600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**Full Name (Last, First, Middle Initial)  
REED V TUCKSON, M.D.

Mailing Address 3501 ZENITH AVE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth GroupOccupation  
EVP Consumr Health & Med Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1159819824600

Amount of Each Receipt this Period

692.28

P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

1406.28

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DAVID J FALK

Mailing Address 323 LAWRENCE AVE

City

HIGHLAND PARK

State

NJ

Zip Code

08904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159820224600

Amount of Each Receipt this Period

75.00

P/R Deduction (\$12.50 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DEBRA A OBERMAN

Mailing Address 4212 ALDEN DR

City

EDINA

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Gov't Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159820724600

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM C TRACY

Mailing Address 13016 CANTERBURY

City

LEAWOOD

State

KS

Zip Code

66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.30

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159821524600

Amount of Each Receipt this Period

346.20

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

440.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL M HAWKINS

Mailing Address 11137 AMESITE TRAIL

City

AUSTIN

State

TX

Zip Code

78726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.26

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159822024600

Amount of Each Receipt this Period

69.24

P/R Deduction (\$11.54 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CAROL M SCHNEEWEIS

Mailing Address 16907 49TH PLACE N

City

PLYMOUTH

State

MN

Zip Code

55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159823524600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

RICHARD J MIGLIORI

Mailing Address PO BOX 72

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Bus Initiatives & Clin Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1461.48

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159827424600

Amount of Each Receipt this Period

461.52

P/R Deduction (\$76.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

680.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

BARBARA C BUENEMANN

Mailing Address 128 ROSEBROOK DR

City

FLORISSANT

State

MO

Zip Code

63031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.26

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159828724600

Amount of Each Receipt this Period

69.24

P/R Deduction (\$11.54 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JEANNINE M RIVET

Mailing Address 4305 TRILLIUM WAY

City

MINNETRISTA

State

MN

Zip Code

55364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

EVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159830024600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JACK E SHUFF

Mailing Address 6385 SPINNAKER LANE

City

ALPHARETTA

State

GA

Zip Code

30005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SB RVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159830524600

Amount of Each Receipt this Period

115.38

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1338.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JILL WINTERS

Mailing Address 16 SPOEDE LN

City

SAINT LOUIS

State

MO

Zip Code

63141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1026.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159840424600

Amount of Each Receipt this Period

324.00

P/R Deduction (\$54.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. ANTHONY WELTERS

Mailing Address 919 SAIGON ROAD

City

MCLEAN

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

EVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1332013224600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

THELMA DUGGIN

Mailing Address 7214 EVANS MILL ROAD

City

MCLEAN

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1530799224600

Amount of Each Receipt this Period

384.62

P/R Deduction (\$192.31 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1862.42

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ROBERT J BOHNENKAMP

Mailing Address 4925 WOODS COURT

City

GREENWOOD

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1551005624600

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL J BRESOLIN

Mailing Address 121 W VIEW STREET

City

LOMBARD

State

IL

Zip Code

60148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Care Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1551005724600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY J HEADY

Mailing Address 19019 VOGEL FARM TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Pharmacy Benefit Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1551122524600

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

954.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER R HOCK

Mailing Address 215 WINDMILL HILL

City

WETHERSFIELD

State

CT

Zip Code

06109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.26

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1551128924600

Amount of Each Receipt this Period

69.24

P/R Deduction (\$11.54 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

LISA G G HOLUBEC

Mailing Address 1303 SALADO DRIVE

City

ALLEN

State

TX

Zip Code

75013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Med & Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1551129224600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY W KAGAN

Mailing Address 52 CRESTWOOD LANE

City

FARMINGVILLE

State

NY

Zip Code

11738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1551132324600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

279.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

GERALD JOHN KNUTSON

Mailing Address 520 KIMBERLY LN N

City

PLYMOUTH

State

MN

Zip Code

55447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1551132524600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL C MATTEO

Mailing Address 25 JEREMIAHS WAY

City

SOUTH GLASTONBURY

State

CT

Zip Code

06073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

CEO National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1551133424600

Amount of Each Receipt this Period

115.38

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DAWN M OWENS

Mailing Address 2119 E LAKE OF THE ISLES PKWY

City

MINNEAPOLIS

State

MN

Zip Code

55405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1551160324600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

835.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
THOMAS J VALERIUS

Mailing Address 2820 DEER RUN TRAIL

City State Zip Code  
LONG LAKE MN 55356

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
SVP Recruitment Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1461.48

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1551161324600

Amount of Each Receipt this Period

461.52

P/R Deduction (\$76.92 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
LOIS T WEIHRAUCH

Mailing Address 10392 SHERMAN DRIVE

City State Zip Code  
EDEN PRAIRIE MN 55347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1026.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1551161424600

Amount of Each Receipt this Period

324.00

P/R Deduction (\$54.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
JOHN O ENDERLE

Mailing Address 31 ANDREIS TRAIL

City State Zip Code  
SOUTH WINDSOR CT 06074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1554323524600

Amount of Each Receipt this Period

330.00

P/R Deduction (\$55.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1115.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

RICK M JELINEK

Mailing Address 5570 WOODSIDE LANE

City

SHOREWOOD

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1554323924600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL RADU

Mailing Address 42820 VIOLA CT

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1026.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1554324524600

Amount of Each Receipt this Period

324.00

P/R Deduction (\$54.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CATHERINE E SPILLANE

Mailing Address 3807 PLEASANT VALLEY DRIVE

City

MISSOURI CITY

State

TX

Zip Code

77459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Business Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1554324624600

Amount of Each Receipt this Period

115.38

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1593.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KIRK E STAPLETON

Mailing Address 3840 INGLEWOOD AVE S

City

SAINT LOUIS PARK

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Strategic Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1554324724600

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KAREN L ERICKSON

Mailing Address 15348 RED OAKS ROAD SE

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Corporate Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1575957624600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ERNEST MONFILETTO

Mailing Address 3062 COMFORT ROAD

City

NEW HOPE

State

PA

Zip Code

18938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Plan President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1461.48

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1575958124600

Amount of Each Receipt this Period

461.52

P/R Deduction (\$76.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1915.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

LEE D VALENTA

Mailing Address 4701 GOLF TERRACE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1575958524600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

THOMAS S PAUL

Mailing Address 2006 QUEEN AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1407.68

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1580864724600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ROBERT THOMAS WEBB

Mailing Address 4516 DREXEL AVENUE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

CEO Care Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1580865324600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2907.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

RICHARD J HUGHES

Mailing Address 735 SAINT MORITZ

City

VICTORIA

State

MN

Zip Code

55386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Human Capital Dvlpmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596304124600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

GAYE ADAMS MASSEY

Mailing Address 11641 TANGLEWOOD DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.22

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596304524600

Amount of Each Receipt this Period

692.28

P/R Deduction (\$115.38 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JAY S MATUSHAK

Mailing Address 9346 SHETLAND ROAD

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.26

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596304624600

Amount of Each Receipt this Period

69.24

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1361.52

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

GEORGE L MIKAN III

Mailing Address 4901 ROLLING GREEN PARKWAY

City	State	Zip Code
EDINA	MN	55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
EVP CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1596304824600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CAROL B MORNESS

Mailing Address 401 N 2ND ST UNIT 512

City	State	Zip Code
MINNEAPOLIS	MN	55401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1596304924600

Amount of Each Receipt this Period

230.76

P/R Deduction (\$38.46 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SCOTT E THEISEN

Mailing Address 1950 MEADOWWOODS TRAIL

City	State	Zip Code
LONG LAKE	MN	55356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
SVP Finance & Bus Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1596305624600

Amount of Each Receipt this Period

115.38

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

1499.94

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

THOMAS D LEWIS

Mailing Address 306 CHIPPEWA AVENUE

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596306924600

Amount of Each Receipt this Period

230.76

P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ROBERT W OBERRENDER

Mailing Address 4505 MOORLAND AVENUE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596307024600

Amount of Each Receipt this Period

660.00

P/R Deduction (\$110.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DIANE BEDNAR FLYNN

Mailing Address 3318 FOXRIDGE CIRCLE

City

TAMPA

State

FL

Zip Code

33618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596309724600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1040.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

RAMON E COTO

Mailing Address 14021 LEANING PINE DRIVE

City

MIAMI LAKES

State

FL

Zip Code

33014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596311524600

Amount of Each Receipt this Period

115.38

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY P DOOLEY

Mailing Address 306 W MEADOWS LANE

City

DANVILLE

State

CA

Zip Code

94506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

KA VP Sales and Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.26

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596312124600

Amount of Each Receipt this Period

69.24

P/R Deduction (\$11.54 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

STEVAN D GARCIA

Mailing Address 4675 DELAWARE DRIVE

City

LARKSPUR

State

CO

Zip Code

80118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596312924600

Amount of Each Receipt this Period

115.38

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KURT A HEUMANN

Mailing Address 9825 GERALD DR

City

SAINT LOUIS

State

MO

Zip Code

63128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596313724600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOHN H RENNICK JR

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City

CHARLOTTE

State

NC

Zip Code

28269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596316824600

Amount of Each Receipt this Period

115.38

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

STEPHAN S RODGERS

Mailing Address 3455 CONGRESS STREET

City

FAIRFIELD

State

CT

Zip Code

06824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
SVP Healthcare Strategies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596317124600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1389.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DANIEL I ROSENTHAL

Mailing Address 109 SLEEPY HOLLOW LANE

City

ORINDA

State

CA

Zip Code

94563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596317324600

Amount of Each Receipt this Period

115.38

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KEVIN J RUTH

Mailing Address 16621 ALEXANDER MANOR DRIVE

City

SILVER SPRING

State

MD

Zip Code

20905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Enterprise Clinical Alignm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596317424600

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MANUEL A SELVA

Mailing Address 7602 NW 127TH MANOR

City

PARKLAND

State

FL

Zip Code

33076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596317724600

Amount of Each Receipt this Period

115.38

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

680.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

ROXANNE THOMAS

Mailing Address 720 COUNTRY LAKES DR

City

CIRCLE PINES

State

MN

Zip Code

55014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Product Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

219.26

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596318924600

Amount of Each Receipt this Period

69.24

P/R Deduction (\$11.54 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

M LAURIE WASSERSTEIN

Mailing Address 92 GOODWIN CIRCLE

City

HARTFORD

State

CT

Zip Code

06105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

PS National VP Account Mgmt

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596319524600

Amount of Each Receipt this Period

115.38

P/R Deduction (\$19.23 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

MYRON R WERLEY

Mailing Address 4260 FOXBERRY COURT

City

MEDINA

State

MN

Zip Code

55340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Underwriting

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1596319624600

Amount of Each Receipt this Period

75.00

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

259.62

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOHN P DODDY

Mailing Address 1 ROXITICUS VIEW

City

CHESTER

State

NJ

Zip Code

07930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1600597324600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL D MICHAUX

Mailing Address 742 GOODRICH AVE

City

SAINT PAUL

State

MN

Zip Code

55105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP &amp; GM PCM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1600598524600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

LEWIS G SANDY

Mailing Address 4800 SUNNYSLOPE ROAD E

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Clinical Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1600598724600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

1320.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MATTHEW W PETERSON

Mailing Address 20595 SPENCER LANE

City

SHOREWOOD

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Market Group CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1180.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1602669924600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY W MALONEY

Mailing Address 18076 CLEAR SPRING LANE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Operations - Evercare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1613243524600

Amount of Each Receipt this Period

576.90

P/R Deduction (\$96.15 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM F KENNEDY

Mailing Address 14 MYRA LN

City

BURLINGTON

State

CT

Zip Code

06013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1653443124600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1296.90

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

STEVE R KOOREN

Mailing Address 4444 ELLSWORTH DRIVE

City

EDINA

State

MN

Zip Code

55435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2846.04

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1653443224600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

THOMAS J BELLAMY

Mailing Address 2743 THOMAS AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SB VP Sales and Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.30

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1653444324600

Amount of Each Receipt this Period

346.20

P/R Deduction (\$57.70 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

ALISTAIR D JACQUES

Mailing Address 645 OLD LONG LAKE ROAD

City

ORONO

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group

Occupation

Business Segment CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1653445224600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

2653.80

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DANIEL T SULLIVAN

Mailing Address 57 QUORN HUNT ROAD

City

WEST SIMSBURY

State

CT

Zip Code

06092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir IT Project Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1653445824600

Amount of Each Receipt this Period

69.24

P/R Deduction (\$11.54 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. MILES S SNOWDEN

Mailing Address 4349 FREMONT AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1746717824600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ANN DESTWOLINSKI

Mailing Address 19117 ARTESIAN COURT

City

DERWOOD

State

MD

Zip Code

20855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Utilization Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1806441624600

Amount of Each Receipt this Period

66.00

P/R Deduction (\$11.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

1289.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JEFF L LEVINE

Mailing Address 619 BOND AVE

City

REISTERSTOWN

State

MD

Zip Code

21136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

PS Mgr Acct Mgmt (FEHBP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1806443224600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM TALAMANTES

Mailing Address 11618 ROLLING MEADOW DR

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Six Sigma Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.40

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1806444724600

Amount of Each Receipt this Period

105.60

P/R Deduction (\$17.60 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

LORI A ARCHER

Mailing Address 2781 SADDLE CLUB ROAD

City

GREENWOOD

State

IN

Zip Code

46143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Provider Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.26

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1806750124600

Amount of Each Receipt this Period

69.24

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

294.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

GREGORY A BAYER

Mailing Address 3369 STAGE COACH DR

City

LAFAYETTE

State

CA

Zip Code

94549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

CEO Behavioral Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1806750224600

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

PAUL M EMERSON

Mailing Address 13904 NEVADA AVE S

City

SAVAGE

State

MN

Zip Code

55378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1806750324600

Amount of Each Receipt this Period

230.76

P/R Deduction (\$38.46 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MICHELLE D LEDELL

Mailing Address 5115 SARATOGA LANE

City

PLYMOUTH

State

MN

Zip Code

55442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Human Capital Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1882850624600

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

680.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CATHERINE K ANDERSON

Mailing Address 37 W 2000 S

City

DRIGGS

State

ID

Zip Code

83422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Marketing Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.30

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1903550724600

Amount of Each Receipt this Period

346.20

P/R Deduction (\$57.70 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KATHLEEN L BISHOP

Mailing Address 145 COTTAGE RD

City

ENFIELD

State

CT

Zip Code

06082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1903560824600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ROBERT J DUFEK

Mailing Address 816 PROMONTORY PLACE

City

EAGAN

State

MN

Zip Code

55123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1903577124600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

616.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SUSAN B EDBERG

Mailing Address 9727 WELLINGTON RIDGE

City

WOODBURY

State

MN

Zip Code

55125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1903578124600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOHN C SANTELLI

Mailing Address 17498 GEORGE MORAN DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1903622024600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PAUL D WEYMOUTH

Mailing Address 128 WOODLAND RD

City

COVENTRY

State

CT

Zip Code

06238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1903636924600

Amount of Each Receipt this Period

115.38

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1315.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

PAMELA JAMIAN

Mailing Address 15316 COUTOLENC RD

City

MAGALIA

State

CA

Zip Code

95954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.26

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1910417424600

Amount of Each Receipt this Period

69.24

P/R Deduction (\$11.54 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

BRADLEY E ALLEN

Mailing Address 1046 THORNBERRY CREEK DR

City

ONEIDA

State

WI

Zip Code

54155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119466824600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

RUSSELL A BENNETT

Mailing Address 4 HALSEY AVE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Marketing Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119468024600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

309.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SUSAN LYNN BERKEL

Mailing Address 10 SHADOW GLEN

City

IRVINE

State

CA

Zip Code

92620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119468124600

Amount of Each Receipt this Period

1152.00

P/R Deduction (\$192.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KATHIE L BRYAN

Mailing Address 912 JOSHUA PLACE

City

SAN DIEGO

State

CA

Zip Code

92154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Mrkting Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119469424600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

COLLEEN CAMPBELL

Mailing Address 5753 E SANTA ANA CYN RD # G502

City

ANAHEIM

State

CA

Zip Code

92807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Clinical Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119469924600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1392.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DAVID S CARLSON

Mailing Address 13130 WESTPORT ST

City

MOORPARK

State

CA

Zip Code

93021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Marketing Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119470224600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

LESLIE J CARTER

Mailing Address 19021 POPPY HILL CIRCLE

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Network Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119470324600

Amount of Each Receipt this Period

576.00

P/R Deduction (\$96.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

RANDELL J CORREIA

Mailing Address PO BOX 1025

City

RANCHO SANTA FE

State

CA

Zip Code

92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119471324600

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

876.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

RICHARD A CROSS

Mailing Address 11361 DONOVAN ROAD

City

ROSSMOOR

State

CA

Zip Code

90720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Deputy General Counsel (Mgr)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119471824600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KENNETH R DAVIS

Mailing Address 7640 N 10TH AVE

City

PHOENIX

State

AZ

Zip Code

85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119472524600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

LINDA M DAYAN

Mailing Address 5364 E ABBEYFIELD ST

City

LONG BEACH

State

CA

Zip Code

90815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119472624600

Amount of Each Receipt this Period

114.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

384.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

TODD J DEMBROSKI

Mailing Address 1390 FINCH LN

City

GREEN BAY

State

WI

Zip Code

54313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119472824600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ANDREA E DILWEG

Mailing Address 2321 CARROLL PK SOUTH

City

LONG BEACH

State

CA

Zip Code

90814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119472924600

Amount of Each Receipt this Period

222.00

P/R Deduction (\$37.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ANGELO GIAMBRONE

Mailing Address 1821 PARK STREET

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Networks

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119475124600

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

672.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

AMY J GILDERNICK

Mailing Address 2709 WILLIAMS GRANT

City

DE PERE

State

WI

Zip Code

54115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119475224600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DAVID M HANSEN

Mailing Address 33 VIA CONOCIDO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2565.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119476724600

Amount of Each Receipt this Period

675.00

P/R Deduction (\$135.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SAMUEL W HO

Mailing Address 4220 OCEAN DR

City

MANHATTAN BEACH

State

CA

Zip Code

90266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Market Grp Chief Clinical Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2276.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119477924600

Amount of Each Receipt this Period

922.80

P/R Deduction (\$153.80 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1717.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KEVIN D HOST

Mailing Address 14617 GRANT ST

City

OVERLAND PARK

State

KS

Zip Code

66221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119478224600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

BRIAN JEFFREY

Mailing Address 9 RIMROCK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Network Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119479124600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JOHN D JONES

Mailing Address 3562 REDWOOD

City

IRVINE

State

CA

Zip Code

92606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119479224600

Amount of Each Receipt this Period

576.00

P/R Deduction (\$96.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

846.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MARK C KNUTSON

Mailing Address 13102 PALOMAR WAY

City

NORTH TUSTIN

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119480224600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

SANDY M LUEDKE

Mailing Address 1208 COPRINUS DR

City

GREEN BAY

State

WI

Zip Code

54313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

IT Database Cnsltnt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119482224600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

HEATHER M MACE-MEADOR

Mailing Address 13531 CARLTON OAKS

City

SAN ANTONIO

State

TX

Zip Code

78232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Medical & Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119482524600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY S MASON

Mailing Address 5670 SHEMIRAN ST

City

LA VERNE

State

CA

Zip Code

91750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119483024600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CHARLEEN M MILBURN

Mailing Address 3041 SAN LORENZO WAY

City

CARMICHAEL

State

CA

Zip Code

95608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119483924600

Amount of Each Receipt this Period

390.00

P/R Deduction (\$65.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

BENITO M MIRANDA

Mailing Address PO BOX 1522

City

LOMITA

State

CA

Zip Code

90717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Medicare Individual Sales Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119484224600

Amount of Each Receipt this Period

72.00

P/R Deduction (\$12.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

552.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

NANCY J MONK

Mailing Address 12271 CHIANTI DRIVE

City

LOS ALAMITOS

State

CA

Zip Code

90720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Govt Affairs &amp; Compl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR2119484324600

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KEITH E NYGARD

Mailing Address 1139 E OCEAN BOULEVARD  
#106

City

LONG BEACH

State

CA

Zip Code

90802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR2119485024600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

TRACY L OLLMANN-WAGNER

Mailing Address 2839 TIMBER LANE

City

GREEN BAY

State

WI

Zip Code

54313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Mgr Traffic/Workforce

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR2119485224600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

510.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
CYNTHIA ANN OTTO

Mailing Address 1855 O LEARY ROAD

City State Zip Code  
NEENAH WI 54956

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Assoc Dir Case Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119485424600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
LYNDA A PAXSON

Mailing Address 3924 E GARNET PL

City State Zip Code  
HIGHLANDS RANCH CO 80126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Sr Field Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119485824600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
DIANA S PETE

Mailing Address 9010 MORNINGSTAR DRIVE

City State Zip Code  
SUGAR LAND TX 77479

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Assoc Dir Utilization Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119486324600

Amount of Each Receipt this Period

72.00

P/R Deduction (\$12.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

**312.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MICHELLE LYNN PETERS

Mailing Address 1128 COUNTRYSIDE DR

City

DE PERE

State

WI

Zip Code

54115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119486424600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

AUSTIN T PITTMAN

Mailing Address 14 LOCH RIDGE DRIVE

City

GREENSBORO

State

NC

Zip Code

27408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Chief Growth Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2565.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119486724600

Amount of Each Receipt this Period

810.00

P/R Deduction (\$135.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CYNTHIA L POLICH

Mailing Address 3401 E VIA PALOMITA

City

TUCSON

State

AZ

Zip Code

85718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119486824600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SHARON A RICCIUTI

Mailing Address 55 PERENNIAL

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Clinical Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119487924600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MARILYNN D STYERS

Mailing Address 6485 WAYFINDERS CT

City

CARLSBAD

State

CA

Zip Code

92009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119490724600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CHERYL TANIGAWA, MD

Mailing Address 5598 NAPLES CANAL

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Enterprise Health Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119491124600

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CHERYL A THOMSON

Mailing Address 222 FOREST DR

City

SOBIESKI

State

WI

Zip Code

54171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119491624600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

STEVEN M TUCKER

Mailing Address 211 LOCKFORD

City

IRVINE

State

CA

Zip Code

92602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119492024600

Amount of Each Receipt this Period

576.00

P/R Deduction (\$96.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SUSAN VANASTEN

Mailing Address W313 GOLDEN GLOW RD

City

KAUKAUNA

State

WI

Zip Code

54130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Site Dir Medicare Inside Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119492624600

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

906.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SCOTT B WESTPHAL

Mailing Address 4536 ROCKY RUN LN

City

OCOONTO

State

WI

Zip Code

54153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.26

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119493224600

Amount of Each Receipt this Period

69.24

P/R Deduction (\$11.54 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

LINDA D DAUGHERTY

Mailing Address 15442 NORTH 19TH WAY

City

PHOENIX

State

AZ

Zip Code

85022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119493524600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

GREGORY WRIGHT

Mailing Address 13901 MAUVE DRIVE

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119494124600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

339.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

GEORGE M YOUNG

Mailing Address 8131 S COOLIDGE WAY

City

AURORA

State

CO

Zip Code

80016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119494424600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

FORREST G BURKE

Mailing Address 380 LEAF STREET

City

ORONO

State

MN

Zip Code

55356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

President PS Labor & Trust

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2133132424600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM R COLEMAN

Mailing Address 831 RATLEY ROAD

City

WEST SUFFIELD

State

CT

Zip Code

06093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2133132524600

Amount of Each Receipt this Period

72.00

P/R Deduction (\$12.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

762.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

DANIEL M CUMMINGS

Mailing Address 1929 FAIRMOUNT AVE

City

SAINT PAUL

State

MN

Zip Code

55105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2133132624600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

CHARLES W HANSON

Mailing Address 4133 WHITE OAK LN

City

EXCELSIOR

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
VP Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2133133124600

Amount of Each Receipt this Period

229.86

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

BROR O HULTGREN

Mailing Address 408 22ND ST

City

GOLDEN

State

CO

Zip Code

80401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2133133224600

Amount of Each Receipt this Period

230.76

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

550.62

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CAROLYN MAGILL HANSON

Mailing Address 1 ALEXANDER STREET  
#1201

City State Zip Code  
YONKERS NY 10701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2133133524600

Amount of Each Receipt this Period

115.38

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ALLEN D MILLER

Mailing Address 6209 CRESCENT DRIVE

City State Zip Code  
EDINA MN 55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2133133624600

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SUSAN C MORISATO

Mailing Address 238 ARDMORE ROAD

City State Zip Code  
DES PLAINES IL 60016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
President Insurance Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2133133824600

Amount of Each Receipt this Period

900.00

P/R Deduction (\$150.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1225.38

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KIMBERLY ALLENE NETTLETON

Mailing Address 5003 DARNELL

City

HOUSTON

State

TX

Zip Code

77096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2133133924600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

T JEFFREY PUTNAM

Mailing Address 303 ELMWOOD PLACE WEST

City

MINNEAPOLIS

State

MN

Zip Code

55419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Financial Png & Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2133134224600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DIANE M SCHIMMELBUSCH

Mailing Address 2203 RIVER FALLS DRIVE

City

KINGWOOD

State

TX

Zip Code

77339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Medical & Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2133134624600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1393.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ROBERT C FALKENBERG

Mailing Address 6069 WEATHERED OAK CT

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2145728424600

Amount of Each Receipt this Period

230.76

P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ROB FARAHANI

Mailing Address PO BOX 704

City

HUNTINGTON

State

NY

Zip Code

11743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir IT Project Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2145728524600

Amount of Each Receipt this Period

230.76

P/R Deduction (\$38.46 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CARL T KIDD

Mailing Address 12210 OYSTER COVE COURT

City

STAFFORD

State

TX

Zip Code

77477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Client Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.15

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2145728824600

Amount of Each Receipt this Period

173.10

P/R Deduction (\$28.85 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

634.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

NANCY E LINDIMORE

Mailing Address 8256 SNEAD WAY

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

KA Dir Acct Mgmt

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2145728924600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

WAYNE MILLER

Mailing Address 19521 SIERRA SOTO RD

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

RVP Client Mgmt &amp; Svc

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2145729224600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

LEAH C RUMMEL

Mailing Address 12100 TRAUTWEIN ROAD

City

AUSTIN

State

TX

Zip Code

78737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Govt Rel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2145729524600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

330.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL P SCHWARZ

Mailing Address 13935 WOODRIDGE PATH

City State Zip Code  
 SAVAGE MN 55378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2145729724600

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DANNETTE L SMITH

Mailing Address 5414 BYSCANE LANE

City State Zip Code  
 MINNETONKA MN 55345

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Sr Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.22

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2145729924600

Amount of Each Receipt this Period

692.28

P/R Deduction (\$115.38 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

RANDALL SMITH

Mailing Address 20607 BROADWATER DRIVE

City State Zip Code  
 LAND O LAKES FL 34638

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.26

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2145730024600

Amount of Each Receipt this Period

69.24

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

971.52

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MARGARET W WEAR

Mailing Address 44 TOPANGA

City

IRVINE

State

CA

Zip Code

92602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
VP Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR2145730224600

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ARLENE DAVIDSON

Mailing Address 7528 NORTH 6TH PLACE

City

PHOENIX

State

AZ

Zip Code

85020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
Dir Marketing Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR2162867024600

Amount of Each Receipt this Period

115.38

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DAVID A SPIVACK

Mailing Address 37 HIDDEN TRAIL

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
SVP Business Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR2162867624600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

1569.18

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KURT C LEWIS

Mailing Address 961 RIVER FOREST DRIVE

City

MAINEVILLE

State

OH

Zip Code

45039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

KA VP Sales and Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR2203967524600

Amount of Each Receipt this Period

69.24

P/R Deduction (\$11.54 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CHRISTINE W GIBSON

Mailing Address 8516 29TH AVE N

City

NEW HOPE

State

MN

Zip Code

55427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Market Grp Chief Mktg Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR2225166724600

Amount of Each Receipt this Period

692.28

P/R Deduction (\$115.38 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ANDREW M SLAVITT

Mailing Address 5125 MIRROR LAKES DRIVE

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR2225167424600

Amount of Each Receipt this Period

1500.00

P/R Deduction (\$250.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

2261.52

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JEAN-FRANCOIS BEAULE

Mailing Address 7 STRATFORD RD

City

FARMINGTON

State

CT

Zip Code

06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.30

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2225813624600

Amount of Each Receipt this Period

346.20

P/R Deduction (\$57.70 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DANIEL M HARRIS

Mailing Address 51 REALITY ROAD

City

OXFORD

State

CT

Zip Code

06478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2225817524600

Amount of Each Receipt this Period

115.38

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

NANCY S MACK

Mailing Address 10140 26TH AVENUE NORTH

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir IT Project Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2225818424600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

551.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL MCGUIRE

Mailing Address 437 DRURY LANE

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2225818824600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ERIC S RANGEN

Mailing Address 15348 RED OAKS ROAD SE

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Chief Accounting Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2225819324600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JOHN D RYAN

Mailing Address 45 WESTMORELAND LN

City

NAPERVILLE

State

IL

Zip Code

60540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

RVP Client Mgmt & Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2225819624600

Amount of Each Receipt this Period

230.76

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1504.56

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KAREN A DIPALMO

Mailing Address 7533 PRAIRIE VIEW DR

City

INDIANAPOLIS

State

IN

Zip Code

46256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Network Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2231347224600

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JEFFERY A DROZDA

Mailing Address 9765 GRACE LANE

City

CLINTON

State

LA

Zip Code

70722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Assoc Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2231347424600

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SUSAN A FOWLER

Mailing Address 4396 CREEKSIDE PASS

City

ZIONSVILLE

State

IN

Zip Code

46077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP UHO Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2231349724600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DONALD M MUDGETT

Mailing Address 8131 LAKE POINT WAY

City

INDIANAPOLIS

State

IN

Zip Code

46256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2231351924600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DARRELL S RICHEY

Mailing Address 7244 TULIPTREE TRAIL

City

INDIANAPOLIS

State

IN

Zip Code

46256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Deputy General Counsel (Mgr)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2231352324600

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JANET SUE SELF

Mailing Address 3202 BABSON CT

City

INDIANAPOLIS

State

IN

Zip Code

46268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2231352424600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

690.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL R CONNLY

Mailing Address 570 MONTCALM PL

City

SAINT PAUL

State

MN

Zip Code

55116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Chief Technology Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2247625824600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CAROLYN B KERR

Mailing Address 3456 ROSENDALE ROAD

City

NISKAYUNA

State

NY

Zip Code

12309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2247626224600

Amount of Each Receipt this Period

138.00

P/R Deduction (\$23.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH R CARCIONE JR

Mailing Address 11 CARRIAGE WAY

City

WHITE PLAINS

State

NY

Zip Code

10605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.30

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2247626824600

Amount of Each Receipt this Period

346.20

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1084.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KEVIN DAVID KANTOLA

Mailing Address 7031 HALSTEAD DRIVE

City

MINNETRISTA

State

MN

Zip Code

55364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir IT Architecture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2247627024600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DENNIS P O'BRIEN

Mailing Address 61 LOUGHLIN AVE

City

COS COB

State

CT

Zip Code

06807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

RVP Network Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.30

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2247627324600

Amount of Each Receipt this Period

346.20

P/R Deduction (\$57.70 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JEFFERY RICHARD VERNEY

Mailing Address 266 WESTLEDGE ROAD

City

WEST SIMSBURY

State

CT

Zip Code

06092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.30

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2247627424600

Amount of Each Receipt this Period

346.20

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

842.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DARRELL BROOKS

Mailing Address 425 QUEENSLAND LANE NORTH

City

PLYMOUTH

State

MN

Zip Code

55447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.30

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2247627624600

Amount of Each Receipt this Period

346.20

P/R Deduction (\$57.70 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

SANJAY GARODIA

Mailing Address 282 MIDDGAUGH

City

CLARENDON HILLS

State

IL

Zip Code

60514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2247627824600

Amount of Each Receipt this Period

230.76

P/R Deduction (\$38.46 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JACQUELINE B KOSECOFF

Mailing Address 1474 BIENVENEDA AVE

City

PACIFIC PALISADES

State

CA

Zip Code

90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2247627924600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1730.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DANIEL L OHMAN

Mailing Address 8970 MOOR PARK RUN

City

DULUTH

State

GA

Zip Code

30097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Region CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.48

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2247628024600

Amount of Each Receipt this Period

161.52

P/R Deduction (\$26.92 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOHN M PRINCE

Mailing Address 546 HARRINGTON ROAD

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Business Segment COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1387.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2259738424600

Amount of Each Receipt this Period

582.00

P/R Deduction (\$97.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DAWN M SIGGETT

Mailing Address 5500 NICHOLSON RD

City

FOWLERVILLE

State

MI

Zip Code

48836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2270335124600

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

763.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CHRIS CRONN

Mailing Address 1611 W 5TH ST APT 232

City

AUSTIN

State

TX

Zip Code

78703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2270522924600

Amount of Each Receipt this Period

230.76

P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY D ALTER

Mailing Address 3 WOODLAND ROAD

City

BELLE TERRE

State

NY

Zip Code

11777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.01

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402315224600

Amount of Each Receipt this Period

88.74

P/R Deduction (\$14.79 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JANI H DANIEL

Mailing Address PO BOX 507

City

FAYETTEVILLE

State

GA

Zip Code

30214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Assoc Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402315824600

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

344.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JEANNE M DE SA

Mailing Address 3000 TILDEN STREET NW #204-1

City

WASHINGTON

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402315924600

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

LISA M HARRELL

Mailing Address 1741 CAMBRIDGE AVENUE

City

FLOSSMOOR

State

IL

Zip Code

60422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Human Capital Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402316924600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SCOTT E HENDERSON

Mailing Address 749 PEARSON POINT PLACE

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402317024600

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 121

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ANGELA DAWN KEPLEY CARRIER

Mailing Address 3219 PENINSULA DRIVE

City

JAMESTOWN

State

NC

Zip Code

27282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Case Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR2402317724600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MARILYN LEVI-BAUMGARTEN

Mailing Address 4800 W 27TH ST

City

SAINT LOUIS PARK

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR2402317924600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JAKE LOGAN

Mailing Address 5520 CHEERY LYNN ROAD

City

PHOENIX

State

AZ

Zip Code

85018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR2402318224600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

390.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MARIA MCCAULEY

Mailing Address 15916 MARSHFIELD DRIVE

City

TAMPA

State

FL

Zip Code

33624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr Project Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402318424600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

STACY S MCGRATH

Mailing Address 5625 CHOWEN AVE S

City

EDINA

State

MN

Zip Code

55410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Business Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402318524600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JILL RIVERS

Mailing Address 6648 DASHER COURT

City

COLUMBIA

State

MD

Zip Code

21045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402319524600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

LORI K SWEERE

Mailing Address 11826 GERMAINE TERRACE

City State Zip Code  
 EDEN PRAIRIE MN 55347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
EVP Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1510.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402320224600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KELLY WARREN

Mailing Address 4902 WEST PARK DRIVE

City State Zip Code  
 AUSTIN TX 78731

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir Bus Dvlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402320524600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JAY M ANLIKER

Mailing Address 4306 MOUNTAIN LANE

City State Zip Code  
 WAUSAU WI 54401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
CEO TPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402445024600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

870.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JAMES C COLEMAN

Mailing Address 4135 ETHAN DRIVE

City

EAGAN

State

MN

Zip Code

55123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group

Occupation

SVP Employee Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402445224600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JAMES D DONOVAN

Mailing Address 2816 MONTREAU DRIVE

City

FRISCO

State

TX

Zip Code

75034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Bus Dev and Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402445324600

Amount of Each Receipt this Period

390.00

P/R Deduction (\$65.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JOHN L LARSEN

Mailing Address 11688 TANGLEWOOD DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AmeriChoice

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402445624600

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KARA J RIOS

Mailing Address 5116 DUGGAN PLAZA

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402445724600

Amount of Each Receipt this Period

1500.00

P/R Deduction (\$250.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOY O HIGA

Mailing Address 2208 ELM AVENUE

City

MANHATTAN BEACH

State

CA

Zip Code

90266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402446224600

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SOHINI G JINDAL

Mailing Address 19513 MILL DAM PLACE

City

LANSDOWNE

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402446324600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

RUSSELL C PETRELLA

Mailing Address 4612 MOORLAND AVENUE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

President Americhoice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1810.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402446424600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOELLE OISHI THORNHILL

Mailing Address 801 E TIMBER BRANCH PKWY

City

ALEXANDRIA

State

VA

Zip Code

22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2402446524600

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CORY ALEXANDER

Mailing Address 4203 BRADLEY LANE

City

CHEVY CHASE

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Gov't Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2405428824600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2113.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

JOSEPH R STEVENS

Mailing Address 1621 BERKSHIRE RD

City State Zip Code  
 COLUMBUS OH 43221

FEC ID number of contributing federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2405429124600

Amount of Each Receipt this Period

285.60

P/R Deduction (\$47.60 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

RODNEY CHARLES ARMSTEAD

Mailing Address ONE HARBORSIDE PLACE  
UNIT 701

City State Zip Code  
 JERSEY CITY NJ 07311

FEC ID number of contributing federal political committee.

C

Name of Employer  
AmeriChoiceOccupation  
VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2405430224600

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

KAREN ANN SAELENS

Mailing Address 105 N FLORENCE AVE

City State Zip Code  
 LITCHFIELD PARK AZ 85340

FEC ID number of contributing federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2408544824600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

645.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KATHLYN G WEE

Mailing Address 4118 38TH ST NW

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2408545024600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

GAIL KOZIARA BOUDREAUX

Mailing Address 841 HOLDEN COURT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.90

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2437119524600

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.10 Bi-W-weekly)

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY SEAN CORZINE

Mailing Address 7649 EARLINGTON PARKWAY

City

DUBLIN

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2437119724600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

RITA FAYE JOHNSON-MILLS

Mailing Address 9727 SKY LANE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2437120124600

Amount of Each Receipt this Period

90.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DAVID K LIVINGSTON

Mailing Address 24570 RIDGE POLE COURT

City

SOUTH LYON

State

MI

Zip Code

48178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Plan President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2437120224600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JACK S WEISS

Mailing Address 6245 NORTH 75 STREET

City

SCOTTSDALE

State

AZ

Zip Code

85250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Natl Medical Director/CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2437120524600

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

PAUL JOSEPH BALTHAZOR

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code  
 BROOKLYN PARK MN 55443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
VP Network

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2437120724600

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KELLY L CLARK

Mailing Address 13540 BIRCHWOOD AVENUE

City State Zip Code  
 ROSEMOUNT MN 55068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Business Segment CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2437121324600

Amount of Each Receipt this Period

230.76

P/R Deduction (\$38.46 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

LAURA L NESS

Mailing Address 10550 PINNACLE WAY

City State Zip Code  
 WOODBURY MN 55129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2437121524600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

710.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ROBIN E LIPPERT

Mailing Address 522 4 STREET SOUTH EAST

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2439928024600

Amount of Each Receipt this Period

300.00

P/R Deduction (\$226.19 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN M HEYMAN

Mailing Address 5300 SHERRILL AVENUE

City

CHEVY CHASE

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2444265724600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

LORI C MCDUGAL

Mailing Address 19705 LAKEVIEW AVENUE

City

DEEPAVEN

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealthcare

Occupation

CEO - UMVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2445015324600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2053.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DONALD S LANGER

Mailing Address 177 SOUTHBOROUGH ROAD

City

SOUTHINGTON

State

CT

Zip Code

06489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Plan President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2445015424600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CHARLES L WILKINS

Mailing Address 10827 MOUNT CURVE ROAD

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OptumHealth

Occupation

CEO OH Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2445016624600

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SABRINA FERGUSON

Mailing Address 204 CHESTNUT DRIVE

City

BRANDON

State

MS

Zip Code

39047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Clinical Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2445017224600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

840.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

EILEEN J LIVERANI

Mailing Address 100 BOSTOCK ROAD

City

SHOKAN

State

NY

Zip Code

12481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.70

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2460167224600

Amount of Each Receipt this Period

166.20

P/R Deduction (\$27.70 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KARIN KEITEL

Mailing Address 3918 HAVEN ROAD

City

MINNETONKA

State

MN

Zip Code

55345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ingenix

Occupation

Business Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2460167624600

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SHELBY P SOLOMON

Mailing Address 5702 BLAKE ROAD

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ingenix

Occupation

President Payer & Government

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2460167924600

Amount of Each Receipt this Period

690.00

P/R Deduction (\$115.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1156.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JELKA S PETROVIC

Mailing Address 4454 PEPPER MILL LANE

City

ORION

State

MI

Zip Code

48359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2460168024600

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

LARRY C RENFRO

Mailing Address 5 DOVE LANE

City

ANDOVER

State

MA

Zip Code

01810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2460168124600

Amount of Each Receipt this Period

1153.80

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DAVID B ORBUCH

Mailing Address 3370 SYCAMORE LANE

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group

Occupation

Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2460168224600

Amount of Each Receipt this Period

231.00

P/R Deduction (\$38.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1504.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ERIC J WEXLER

Mailing Address 7220 WILLOW OAK DR

City

WEST BLOOMFIELD

State

MI

Zip Code

48324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Deputy General Counsel (Mgr)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2463723124600

Amount of Each Receipt this Period

192.00

P/R Deduction (\$32.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ERIC A SCHUTT

Mailing Address 2675 TOWER ROAD

City

MCFARLAND

State

WI

Zip Code

53558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group

Occupation

Government Affairs Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2463724124600

Amount of Each Receipt this Period

375.00

P/R Deduction (\$0.00 Bi-W-  
eekly)

**C.**

Full Name (Last, First, Middle Initial)

SUE SCHICK

Mailing Address 319 BERKLEY ROAD

City

MERION STATION

State

PA

Zip Code

19066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealthcare

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2480620524600

Amount of Each Receipt this Period

750.00

P/R Deduction (\$125.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1317.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JO ANNE M ANDERSON

Mailing Address 6236 KNOLL DRIVE

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ovations

Occupation

VP Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2484541624600

Amount of Each Receipt this Period

426.00

P/R Deduction (\$71.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW A BURNS

Mailing Address 250 6TH STREET EAST  
APT 407

City

ST PAUL

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ovations

Occupation

Dir Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2484541724600

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JAMES F COPPENS

Mailing Address 5965 LAKE LINDEN COURT

City

SHOREWOOD

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group

Occupation

SVP Total Compensation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2484541924600

Amount of Each Receipt this Period

378.90

P/R Deduction (\$63.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1104.90

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

LILLIAN R HECKMAN

Mailing Address 552 DEER LAKE CIRCLE

City

BLUE BELL

State

PA

Zip Code

19422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Six Sigma Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2484542124600

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KEVIN KNARR

Mailing Address 3138 O STREET NW

City

WASHINGTON

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2484542324600

Amount of Each Receipt this Period

230.76

P/R Deduction (\$38.46 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER J PAULISON

Mailing Address 4601 DREXEL AVE

City

EDINA

State

MN

Zip Code

55424-1133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2486698024600

Amount of Each Receipt this Period

1041.65

P/R Deduction (\$208.33 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1452.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DIRK C MCMAHON

Mailing Address 1608 SUMMIT OAKS CT

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealthcare

Occupation

CEO & President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2491457024600

Amount of Each Receipt this Period

300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DAVID A REY

Mailing Address 15 WINDSONG WAY

City

LAFAYETTE

State

CA

Zip Code

94549-2318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group

Occupation

Executive Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2491457124600

Amount of Each Receipt this Period

2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DONALD H NATHAN

Mailing Address 275 GREENWICH STREET #30

City

NEW YORK

State

NY

Zip Code

10007-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group

Occupation

Chief Communications Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2491457324600

Amount of Each Receipt this Period

1000.00

P/R Deduction (\$1000.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3800.00

**TOTAL** This Period (last page this line number only) .....

95294.90

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 121

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Citizens for Arlen Specter

Mailing Address 1831 Bay Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.**C**

C00280206

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	0

Transaction ID: 32196870

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Citizens for Arlen Specter

Mailing Address 1831 Bay Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.**C**

C00280206

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	0

Transaction ID: 32196875

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Bennett Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City

Salt Lake City

State

UT

Zip Code

84101

FEC ID number of contributing  
federal political committee.**C**

C00343327

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	0

Transaction ID: 32199186

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 121

(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	16	<input type="checkbox"/>	17
--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	-------------------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Friends of Roger Kahn for Senate

Mailing Address P.O. Box 1627

City

Saginaw

State

MI

Zip Code

48605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Transaction ID: 32420979

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

4600.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Adam Smith For Congress

Mailing Address 27030 47th Ave S #104

City  
Kent

State  
WA

Zip Code  
98032

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Adam Smith

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 09

Transaction ID: 31976230

Date of Disbursement

07 / 09 / 2010

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Democratic Party of Wisconsin

Mailing Address 222 W. Washington Avenue, Suite 15

City  
Madison

State  
WI

Zip Code  
53703

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31976289

Date of Disbursement

07 / 09 / 2010

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Childers For Congress

Mailing Address PO Box 177

City  
Booneville

State  
MS

Zip Code  
38829

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Travis Wayne Childers

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 01

Transaction ID: 32074568

Date of Disbursement

07 / 27 / 2010

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Minnick For Congress

Mailing Address 8150 West Emerald, Ste. 170

City State Zip Code  
Boise ID 83704

Purpose of Disbursement

Candidate Name  
Rep. Walter Minnick

Office Sought: ☒ House  
☐ Senate  
☐ President

State: ID District: 01

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32079555

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Democratic Party of Wisconsin

Mailing Address 222 W. Washington Avenue, Suite 15

City State Zip Code  
Madison WI 53703

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32196474

Date of Disbursement

08 / 25 / 2010

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Forward Together PAC

Mailing Address 10 G Street, NE  
Suite 570

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Void - Forward Together PAC

Candidate Name  
Forward Together PAC

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32196477

Date of Disbursement

08 / 25 / 2010

Amount of Each Disbursement this Period

-2500.00

Void - Forward Together  
PAC

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Forward Together PAC

Mailing Address 10 G Street, NE  
Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name  
Forward Together PACOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 32196498

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement

Candidate Name  
John A. BoehnerOffice Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 08

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 32231813

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Wasserman-Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement

Candidate Name  
Wasserman Schultz DebbieOffice Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 20

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 32240247

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Glacier PAC

Mailing Address 818 Connecticut Ave. NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Glacier PAC

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 32249503

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Frank Kratovil For Congress

Mailing Address 222 Main Sail Drive  
PO Box 518

City Stevensville State MD Zip Code 21666

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Frank M. Kratovil, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 01

Transaction ID: 32249764

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Earl Pomeroy for Congress

Mailing Address P.O. Box 75214

City Washington State DC Zip Code 20013-5214

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Earl Pomeroy

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: 32250476

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Arcuri For Congress	<b>Transaction ID:</b> 32250986 <b>Date of Disbursement</b>
Mailing Address P.O. Box 8508	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 1 0</div> </div>
City State Zip Code Utica NY 13505	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Michael A. Arcuri	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Arcuri For Congress	<b>Transaction ID:</b> 32253594 <b>Date of Disbursement</b>
Mailing Address P.O. Box 8508	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 1 0</div> </div>
City State Zip Code Utica NY 13505	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Void - Arcuri For Congress	<div>-1000.00</div>
Candidate Name Rep. Michael A. Arcuri	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Arcuri For Congress	<b>Transaction ID:</b> 32254399 <b>Date of Disbursement</b>
Mailing Address P.O. Box 8508	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 1 0</div> </div>
City State Zip Code Utica NY 13505	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Michael A. Arcuri	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Citizens For Altmire

Mailing Address P.O. Box 1776

City  
Freedom

State  
PA

Zip Code  
15042

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Jason Altmire

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 04

Transaction ID: 32255610

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City  
Bakersfield

State  
CA

Zip Code  
93389

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Kevin McCarthy

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 22

Transaction ID: 32259965

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of John Barrasso

Mailing Address PO Box 52008

City  
Casper

State  
WY

Zip Code  
82605

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. John Barrasso

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WY

District:

Transaction ID: 32263242

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Dawg PAC

Mailing Address 3422 Porter Street, NW

City  
Washington

State  
DC

Zip Code  
20016

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Dawg PAC

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 32276775

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Adler For Congress

Mailing Address 14 Knightswood Drive

City  
Marlton

State  
NJ

Zip Code  
08053

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. John Adler

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 03

Transaction ID: 32276807

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

Upton For All Of Us

Mailing Address P.O. Box 490

City  
St. Joseph

State  
MI

Zip Code  
49085

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Frederick Upton

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 06

Transaction ID: 32276810

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Hoosiers For Rokita	<b>Transaction ID:</b> 32276818 <b>Date of Disbursement</b>
Mailing Address 7643 East U.S. 36	<div> <div>09</div> <div>14</div> <div>2010</div> </div>
City Avon State IN Zip Code 46123	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Mr. Theodore Rokita	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) ERICPAC	<b>Transaction ID:</b> 32307396 <b>Date of Disbursement</b>
Mailing Address 25 East Main Street, Suite 200	<div> <div>09</div> <div>17</div> <div>2010</div> </div>
City Richmond State VA Zip Code 23219	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2000.00</div>
Candidate Name ERICPAC	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Portman For Senate Committee	<b>Transaction ID:</b> 32309237 <b>Date of Disbursement</b>
Mailing Address 8331 Little Harbor Drive	<div> <div>09</div> <div>17</div> <div>2010</div> </div>
City Cincinnati State OH Zip Code 45244	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name Mr. Rob Portman	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Manchin For West Virginia

Mailing Address PO Box 5202

City  
CharlestonState  
WVZip Code  
25361

Purpose of Disbursement

Candidate Name  
Mr. Joe ManchinOffice Sought: ☐ House  
☒ Senate  
☐ President

State: WV District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 32309266

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Dan Boren for U.S. Congress

Mailing Address P.O. Box 149

City  
OkemahState  
OKZip Code  
74859

Purpose of Disbursement

Candidate Name  
Dan BorenOffice Sought: ☒ House  
☐ Senate  
☐ President

State: OK District: 28

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 32315312

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Bright For Congress

Mailing Address P.O.Box 2106

City  
MontgomeryState  
ALZip Code  
36102

Purpose of Disbursement

Candidate Name  
Mr. Bobby BrightOffice Sought: ☒ House  
☐ Senate  
☐ President

State: AL District: 02

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 32315869

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Hagan For Us Senate Inc

Mailing Address PO Box 29103

City  
Greensboro

State  
NC

Zip Code  
27429

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Kay Hagan

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

**Transaction ID:** 32315977

Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Prosperity PAC

Mailing Address 429 North Saint Asaph

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Prosperity PAC

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 32316407

Date of Disbursement

09 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Walden for Congress

Mailing Address PO Box 1091

City  
Hood River

State  
OR

Zip Code  
97031

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Greg Walden

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 02

**Transaction ID:** 32316423

Date of Disbursement

09 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Heath Shuler for Congress	<b>Transaction ID:</b> 32316435 <b>Date of Disbursement</b>																				
Mailing Address 38 Ivy Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	1	0												
City Washington State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Heath Shuler for Congress	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Heath Shuler for Congress	<b>Transaction ID:</b> 32319468 <b>Date of Disbursement</b>																				
Mailing Address 38 Ivy Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	1	0												
City Washington State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Void - Heath Schuler for Congress	<table border="1"> <tr> <td>-3000.00</td> </tr> </table>	-3000.00																			
-3000.00																					
Candidate Name Heath Shuler for Congress	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Heath Shuler for Congress	<b>Transaction ID:</b> 32319522 <b>Date of Disbursement</b>																				
Mailing Address 38 Ivy Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	1	0												
City Washington State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																			
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011																					
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3000.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Issa PAC	<b>Transaction ID:</b> 32319526 <b>Date of Disbursement</b>																				
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M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	1	0												
City Falls Church State VA Zip Code 22040	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz	<b>Transaction ID:</b> 32319528 <b>Date of Disbursement</b>																				
Mailing Address 315 Westfield Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	1	0												
City Alpine State UT Zip Code 84004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Jason Chaffetz	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Lone Star Leadership PAC	<b>Transaction ID:</b> 32319542 <b>Date of Disbursement</b>																				
Mailing Address 7315 Wisconsin Avenue Suite 310 East	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	1	0												
City Bethesda State MD Zip Code 30814	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Lone Star Leadership PAC	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3500.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Roskam for Congress Committee

Mailing Address 5006 Washington Ave.

City Downers Grove State IL Zip Code 60515

Purpose of Disbursement

Candidate Name  
Peter Roskam

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 00

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 32319557

Date of Disbursement

/   /

Amount of Each Disbursement this Period

011

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Dave Camp For Congress 2010

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

Candidate Name  
Rep. David Lee Camp

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 04

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 32319563

Date of Disbursement

/   /

Amount of Each Disbursement this Period

011

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
Bass Victory Committee

Mailing Address PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement

Candidate Name  
Charles Bass

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NH District: 02

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 32320667

Date of Disbursement

/   /

Amount of Each Disbursement this Period

011

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Ike Skelton For Congress Committee

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Ike Skelton

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 04

Transaction ID: 32320668

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Marsha Blackburn

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: 32320669

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Wally Herger For Congress Committee

Mailing Address PO Box 1007

City Willows State CA Zip Code 95988

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Wally Herger

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: 32320670

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Kline For Congress	<b>Transaction ID:</b> 32320671 <b>Date of Disbursement</b>
Mailing Address 101 W Burnsville Pkwy Suite 104 Suite 104	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 1 0</div> </div>
City Burnsville State MN Zip Code 55337	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Mr. John Kline	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress	<b>Transaction ID:</b> 32321043 <b>Date of Disbursement</b>
Mailing Address Box 137	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 1 0</div> </div>
City Spokane State WA Zip Code 99210	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Cathy McMorris Rodgers	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Volunteers For Shimkus	<b>Transaction ID:</b> 32321044 <b>Date of Disbursement</b>
Mailing Address PO Box 5458	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 1 0</div> </div>
City Springfield State IL Zip Code 62705	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. John M. Shimkus	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 / 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Pioneer PAC

Mailing Address 1212 North Vernon St.

City  
ArlingtonState  
VAZip Code  
22201

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼**Transaction ID:** 32321045

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ben Chandler For Congress

Mailing Address P. O. Box 12678

City  
LexingtonState  
KYZip Code  
40508

Purpose of Disbursement

Candidate Name  
Rep. Benjamin ChandlerOffice Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 06

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼**Transaction ID:** 32321050

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Lincoln Davis For Congress

Mailing Address PO Box 350

City  
JamestownState  
TNZip Code  
38556

Purpose of Disbursement

Candidate Name  
Rep. Lincoln DavisOffice Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 04

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼**Transaction ID:** 32321053

Date of Disbursement

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Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 / 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Kelly Ayotte	<b>Transaction ID:</b> 32321548 <b>Date of Disbursement</b>																				
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5000.00																					
Candidate Name Kelly Ayotte	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Dan Coats For Indiana	<b>Transaction ID:</b> 32321554 <b>Date of Disbursement</b>																				
Mailing Address PO Box 301141	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	1	0
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0	9		2	4		2	0	1	0												
City Indianapolis State IN Zip Code 46230	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Mr. Daniel Coats	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Bass Victory Committee	<b>Transaction ID:</b> 32335089 <b>Date of Disbursement</b>																				
Mailing Address PO Box 3451	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	1	0												
City Concord State NH Zip Code 03302	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Void - Bass Victory '96 Committee	<table border="1"> <tr> <td>-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name Charles Bass	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  Void - Bass Victory '96 Committee																				

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 121

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Bass Victory Committee	<b>Transaction ID:</b> 32335091 <b>Date of Disbursement</b>
Mailing Address PO Box 3451	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 1 0</div> </div>
City Concord State NH Zip Code 03302	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Charles Bass	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Mike Ross for Congress	<b>Transaction ID:</b> 32335213 <b>Date of Disbursement</b>
Mailing Address 227 Massachusetts Ave N.E. Ste 101	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Michael Avery Ross	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Glenn Nye	<b>Transaction ID:</b> 32335227 <b>Date of Disbursement</b>
Mailing Address PO Box 68444	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 1 0</div> </div>
City Virginia Beach State VA Zip Code 23471	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>3000.00</div>
Candidate Name Mr. Glenn Nye	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 / 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Mike McMahon For Congress

Mailing Address 66 Arnold Street

City  
Staten IslandState  
NYZip Code  
10301

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Michael McMahon

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 32335230

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Gillibrand For Senate

Mailing Address 313 C Street Ne

City  
WashingtonState  
DCZip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Kirsten Gillibrand

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: 32335245

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Herseth Sandlin For South Dakota

Mailing Address PO Box 2009

City  
Sioux FallsState  
SDZip Code  
57101

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Stephanie Herseth Sandlin

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SD District: 01

Transaction ID: 32335803

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Big Easy Committee

Mailing Address 10 G Street, NE  
Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 32335826

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

JOE PAC

Mailing Address 84-56 Grand Avenue  
Elmhurst

City New York State NY Zip Code 11373

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 32348560

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Yoder For Congress

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement

Candidate Name  
Mr. Kevin Yoder

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KS District: 03

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 32376876

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Yoder For Congress

Mailing Address PO Box 26742

City  
Overland Park

State  
KS

Zip Code  
66225

Purpose of Disbursement  
Void - Yoder For Congress

Candidate Name  
Mr. Kevin Yoder

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 03

**Transaction ID: 32376887**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-1000.00

Void - Yoder For Congress

**B.**

Full Name (Last, First, Middle Initial)

Yoder For Congress

Mailing Address PO Box 26742

City  
Overland Park

State  
KS

Zip Code  
66225

Purpose of Disbursement

Candidate Name  
Mr. Kevin Yoder

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 03

**Transaction ID: 32376907**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

108500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 114 / 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

Coleman for Ohio (Michael Coleman)

Mailing Address 90 West Broad Street

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 32196475

Date of Disbursement

08 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Armond Budish

Mailing Address 23240 Chargin Blvd #450

City  
Beachwood

State  
OH

Zip Code  
44122

Purpose of Disbursement

Armond Budish, STATE HOUSE 8th OH

Candidate Name

OH Rep. Armond Budish

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 08

Transaction ID: 32196476

Date of Disbursement

08 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

Armond Budish, STATE HOUSE  
8th OH

C.

Full Name (Last, First, Middle Initial)

Segal for Michigan

Mailing Address 108 Pinehurst Lane

City  
Battle Creek

State  
MI

Zip Code  
49015

Purpose of Disbursement

Kate Segal, STATE HOUSE 62nd MI

Candidate Name

MI Rep. Kate Segal

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 62

Transaction ID: 32196499

Date of Disbursement

08 / 25 / 2010

Amount of Each Disbursement this Period

500.00

Kate Segal, STATE HOUSE  
62nd MI

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Campaign to Elect Julie Denton

Mailing Address 1708 Golden Leaf Way

City Louisville State KY Zip Code 40245

Purpose of Disbursement  
Julie Denton, STATE SENATE 36th KY

Candidate Name  
Senator Julie Denton

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: KY District:

Transaction ID: 32237907

Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

350.00

Julie Denton, STATE SENATE  
36th KY

**B.** Full Name (Last, First, Middle Initial)  
Citizens to Elect John Patrick Carney

Mailing Address 357 E Torrence Road

City Columbus State OH Zip Code 43214

Purpose of Disbursement  
John Carney, STATE HOUSE 22nd OH

Candidate Name  
OH Rep. John Carney

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: OH District: 22

Transaction ID: 32238539

Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

500.00

John Carney, STATE HOUSE  
22nd OH

**C.** Full Name (Last, First, Middle Initial)  
Ohio House Republican Organizational Committee

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: 32239734

Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

1750.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 116 / 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Campaign Fund of Robert Damron	<b>Transaction ID:</b> 32240881 <b>Date of Disbursement</b>																				
Mailing Address 231 Fairway West	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	8		2	0	1	0												
City State Zip Code Nicholasville KY 40356	Amount of Each Disbursement this Period																				
Purpose of Disbursement Robert Damron, STATE HOUSE 39th KY	<table border="1"> <tr> <td colspan="10">350.00</td> </tr> </table>	350.00																			
350.00																					
Candidate Name Representa Robert Damron	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 39 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Robert Damron, STATE HOUSE 39th KY																				
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Lehner	<b>Transaction ID:</b> 32240883 <b>Date of Disbursement</b>																				
Mailing Address 533 Lockerbie Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	8		2	0	1	0												
City State Zip Code Kettering OH 45429	Amount of Each Disbursement this Period																				
Purpose of Disbursement Peggy Lehner, STATE HOUSE 37th OH	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name OH Rep. Peggy Lehner	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 37 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Peggy Lehner, STATE HOUSE 37th OH																				
<b>C.</b> Full Name (Last, First, Middle Initial) United for Health of Texas (UnitedHealth Group Inc, PAC of Texas)	<b>Transaction ID:</b> 32308326 <b>Date of Disbursement</b>																				
Mailing Address 9900 Bren Road East	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	7		2	0	1	0												
City State Zip Code Minnetonka MN 55343	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td colspan="10">29000.00</td> </tr> </table>	29000.00																			
29000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) .....

29850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 117 / 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

UnitedHealth Group Inc Political Action Committee of Iowa

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 32308328

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

4500.00

**B.**

Full Name (Last, First, Middle Initial)

UnitedHealth Group Inc Political Action Committee of Iowa

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 32316084

Date of Disbursement

09 / 22 / 2010

Amount of Each Disbursement this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

United for Health of Texas (UnitedHealth Group Inc, PAC of Texas)

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343

Purpose of Disbursement

Tom Buford, STATE SENATE 22nd KY

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 32320657

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

2000.00

Tom Buford, STATE SENATE  
22nd KY

**SUBTOTAL** of Disbursements This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

United for Health of Texas (UnitedHealth Group Inc, PAC of Texas)

Mailing Address 9900 Bren Road East

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement  
Void - United for Health of Texas (UnitedHealth Group Inc, PAC of Texas)

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 32320658

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

-2000.00

Void - United for Health of Texas (UnitedHealth Group Inc, PAC of Texas)

**B.**

Full Name (Last, First, Middle Initial)

United for Health of Texas (UnitedHealth Group Inc, PAC of Texas)

Mailing Address 9900 Bren Road East

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 32320659

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Kentucky Senate Republican Caucus

Mailing Address PO Box 1068

City State Zip Code  
Frankfort KY 40602

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 32320662

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

2400.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 119 / 121

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Keep State Representative Jeff Greer

Mailing Address 2125 Hwy 79

City State Zip Code  
Brandenburg KY 40108

Purpose of Disbursement  
Jeff Greer, STATE HOUSE 27th KY

Candidate Name  
KY Rep. Jeff Greer

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 27

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32320664

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

Jeff Greer, STATE HOUSE  
27th KY

**B.** Full Name (Last, First, Middle Initial)  
Friends of Linda Bolon

Mailing Address 43 Pueblo Lane

City State Zip Code  
Columbiana OH 44408

Purpose of Disbursement  
Linda Bolon, STATE HOUSE 1st OH

Candidate Name  
OH Rep. Linda Bolon

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 01

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32321115

Date of Disbursement

09 / 24 / 2010

Amount of Each Disbursement this Period

250.00

Linda Bolon, STATE HOUSE  
1st OH

**C.** Full Name (Last, First, Middle Initial)  
Gregory D. Stumbo for the House

Mailing Address PO Box 1473

City State Zip Code  
Prestonburg KY 41653

Purpose of Disbursement  
Greg Stumbo, STATE HOUSE 95th KY

Candidate Name  
KY Rep. Greg Stumbo

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 95

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32321117

Date of Disbursement

09 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

Greg Stumbo, STATE HOUSE  
95th KY

**SUBTOTAL** of Disbursements This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Aiming Higher PAC</p> <p>Mailing Address 47 South Meridian Street 2nd Floor</p> <p>City Indianapolis State IN Zip Code 46205</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32335829</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Matt Lehman for State Representative</p> <p>Mailing Address 663 Lehman</p> <p>City Berne State IN Zip Code 46711</p> <p>Purpose of Disbursement Matthew Lehman, STATE HOUSE 79th IN</p> <p>Candidate Name IN Rep. Matthew Lehman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 79</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32335833</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p> <p>Matthew Lehman, STATE HOU- SE 79th IN</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Torr for State Representative</p> <p>Mailing Address 11944 Esty Way</p> <p>City Carmel State IN Zip Code 46033</p> <p>Purpose of Disbursement Gerald Torr, STATE HOUSE 39th IN</p> <p>Candidate Name Representa Gerald Torr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 39</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32335835</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>011 Category/ Type</p> <p>Gerald Torr, STATE HOUSE 39th IN</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**6500.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Bruce Borders	<b>Transaction ID:</b> 32335841 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 174B	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	1	0												
City Jasonville State IN Zip Code 47438	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bruce Borders, STATE HOUSE 45th IN	<table border="1"> <tr> <td>550.00</td> </tr> </table>	550.00																			
550.00																					
Candidate Name Bruce Borders	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 45	Bruce Borders, STATE HOUSE 45th IN																				
<b>B.</b> Full Name (Last, First, Middle Initial) Christine Scanlan for Colorado	<b>Transaction ID:</b> 32350665 <b>Date of Disbursement</b>																				
Mailing Address 46 Legend Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	1	0												
City Dillon State CO Zip Code 80435	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Christine Scanlan, STATE HOUSE 56th CO	<table border="1"> <tr> <td>350.00</td> </tr> </table>	350.00																			
350.00																					
Candidate Name CO Rep. Christine Scanlan	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 56	Christine Scanlan, STATE HOUSE 56th CO																				
<b>C.</b> Full Name (Last, First, Middle Initial) United for Health PAC of Tennessee	<b>Transaction ID:</b> 32354238 <b>Date of Disbursement</b>																				
Mailing Address 9900 Bren Road East	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	1	0												
City Minnetonka State MN Zip Code 55343	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>12000.00</td> </tr> </table>	12000.00																			
12000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

12900.00

**TOTAL** This Period (last page this line number only) .....

68500.00